

# Exhibit F



Deposition of:  
**Sanjeeva Kalva , M.D.**

*July 11, 2017*

In the Matter of:  
**In Re: Bard IVC Filters Products  
Liability**

**Veritext Legal Solutions**

1075 Peachtree St. NE , Suite 3625

Atlanta, GA, 30309

800.808.4958 | [calendar-atl@veritext.com](mailto:calendar-atl@veritext.com) | 770.343.9696

1 copy of that?

2 A. No. This is the first time I'm seeing this  
3 one.

4 Q. Were you asked to bring any materials with  
5 you to the deposition today?

6 A. I brought something. I brought my CV. I  
7 updated it from a recent lecture I gave yester- not  
8 yesterday. That was on Sunday morning. So I updated  
9 it since March. And I think one of the papers were  
10 published after March. I think I updated those things  
11 also. And I gave a lecture to residents and fellows.  
12 That was also updated in the CV.

13 Q. What else did you bring with you today?

14 A. The next one is our expert report that was  
15 submitted before --

16 Q. Okay.

17 A. -- I have a copy of that. And then --

18 MR. NORTH: May I keep this one?

19 MR. JOHNSON: Sure, you can.

20 MR. NORTH: Okay.

21 MR. JOHNSON: I'll give it back to you  
22 once you go through everything.

23 MR. NORTH: Oh, okay.

24 A. Okay. And this is the -- David Kessler's  
25 report that we read and heavily relied on. And --

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1 I removed Denali. So I have removed all of them but  
2 may not have implanted each one of them.

3 Q. Now, you're obviously an expert in  
4 interventional radiology, correct?

5 A. I believe so.

6 Q. You would agree that you're not an engineer,  
7 however?

8 A. By training I'm not an engineer. By  
9 training I'm a medical person. I have studied  
10 medicine, and I became interventional radiologist. I  
11 do not have the same engineering background as an  
12 engineer would have, if that's the question you're  
13 trying to -- the question. But do I understand some  
14 of the concepts? I do.

15 Q. You do not have any prior experience in the  
16 design of inferior vena cava filters, do you?

17 A. Can you rephrase what exactly you mean by  
18 that?

19 Q. Do you have any prior experience in  
20 designing inferior vena cava filters?

21 A. You mean personally?

22 Q. Yes.

23 A. So I can tell that, mainly because I am  
24 behind the scenes, I have ideas of new filter and that  
25 I have not a patent. Yes, I did think about it, but I

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1 have not officially taken patented so far.

2 Q. You are not a regulatory expert, are you?

3 A. What do you mean by that?

4 Q. An expert in FDA regulations.

5 A. I'm not expert in the FDA regulations, but I  
6 know some of the regulations that they impose on  
7 physicians how the hospital function. I know those  
8 things, but I do not consider myself expert in  
9 designing or creating or implementing FDA regulations.

10 Q. Do you consider yourself an epidemiologist?

11 A. All medical doctors are -- learn about  
12 epidemiology as a part of their medicine. And if you  
13 look into any book chapter, any textbook, the first  
14 paragraph is always about the epidemiology of the  
15 disease. Epidemiology plays a significant role on our  
16 understanding of the disease, how resources are  
17 distributed.

18 So epidemiology is learned routinely  
19 throughout medicine. So the word epidemiologist is a  
20 different question who actually conducts or gets  
21 information about epidemiological conditions of a  
22 disease process or treatment aspects. But I'm not an  
23 epidemiologist, if you're talking about that. But I  
24 understand epidemiology is part and parcel of medicine  
25 that we learn every day. We practice medicine that

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1 So, yes, I consider myself an expert in ethics  
2 because we conduct so many (unintelligible) studies.

3 If you look at my CV, I have more than  
4 a hundred (unintelligible) studies. And most of them  
5 involve regulation, ethics training. But matter of  
6 fact, we undergo formal ethics training in medicine to  
7 conduct research. It's a very rigorous process.

8 And a certification program goes  
9 through, and we are asked to retake it multiple times  
10 throughout our life just to make sure that we are up  
11 to date with the changes both in the regulation and  
12 also the basic ethical practice of research in  
13 medicine. So, yes, I am expert in ethics.

14 Q. You read a number of Bard's internal  
15 documents as a part of your work in this case,  
16 correct?

17 A. That is correct.

18 Q. Prior to your involvement in this  
19 litigation, have you ever had an instance  
20 professionally to read a manufacturer's internal  
21 documents as a part of your work?

22 A. No. Except for the IFUs that come on the  
23 products, I have not been exposed to internal  
24 documents. I wish I was, to know the truth. But  
25 unfortunately they were not communicated with me.

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1 Q. And so throughout your professional career,  
2 this is the first time you have looked at or analyzed  
3 internal company documents from a manufacturer,  
4 correct?

5 MR. JOHNSON: Form.

6 A. That is correct.

7 Q. Have you ever participated in the design of  
8 an inferior vena cava filter?

9 A. As I said, I can't disclose confidential  
10 information, as I am designing, myself, a filter. And  
11 I can't tell other parties involved in the process.  
12 Yes, I am. And -- and we have -- in addition to my  
13 one design, I have contributed to the knowledge of  
14 other companies who ask my opinion and my feeling  
15 about certain designs.

16 Yes, I did talk to intellectual people  
17 or engineers of different companies about what my  
18 feeling is about the design. I can't tell which  
19 company it is. I have provided very detailed aspects  
20 of the design which we thought are good, which we  
21 thought are very, very bad for those companies.

22 Q. So, if I understand what you're saying, you  
23 are at present, although you can't disclose the  
24 details, involved in designing a potential inferior  
25 vena cava filter?

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1 A. That is correct.

2 Q. Is it fair to assume that you believe that  
3 filters are an appropriate medical treatment for  
4 certain indicated patients?

5 MR. JOHNSON: Form objection.

6 A. So that's a good question. That's a very  
7 loaded question too. We had a process to make it more  
8 clear. One is, as you correctly pointed out, we had  
9 to be very designate -- or very clear about what are  
10 the indications, who are getting it, what are the  
11 risk/benefit of any device we are placing on those  
12 filters.

13 So, if appropriately used in certain  
14 specific patient population, they are known to  
15 decrease the incidence of pulmonary embolism but not  
16 necessarily the lives of the patient.

17 The famous study by Decursis (phonetic)  
18 published long time ago. He published first somewhere  
19 in late 2000. And after it, he published one more  
20 paper. That is the basis of very, very excellent  
21 study that showed whether IVC filters really have any  
22 significant impact on the lives.

23 According to that study, at least what  
24 I understand, I remember -- I may be -- I may have to  
25 look back at the paper -- IVC filters do not improve



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1 but it would fill up my bag. It took hours of my  
2 time, and it was really high.

3 Q. If I could ask you to look at Exhibit 4,  
4 your report, and look at Schedule 1.

5 A. Yes.

6 Q. Who prepared Schedule 1?

7 A. As I recall, it was prepared on our behest,  
8 or at least Kinney told (unintelligible) to prepare  
9 the comments on our -- the -- so we can reference back  
10 quickly. But we read all these documents. We all  
11 claim them, so I don't know how you can --

12 Q. Who prepared the document? Did lawyers  
13 prepare that document?

14 A. That schedule?

15 Q. Yes.

16 A. Yes.

17 Q. Do you know which lawyers?

18 A. I don't know.

19 Q. Did you talk to the lawyers about the  
20 preparation of that document, Schedule 1?

21 A. Both Kinney and I mentioned to them it would  
22 be a good idea to have references tabulated --

23 THE REPORTER: I can't understand you.

24 MR. NORTH: References.

25 A. These references are tabulated, as far as

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1 quick references so they are in one location. You  
2 don't have to go back to full articles every time. So  
3 the idea was -- was to have a simple -- simplified  
4 tabular form in one location.

5 Most of it was outlined in the original  
6 document and actually physically underlined,  
7 everything. I don't know where they are right now. I  
8 can --

9 Q. So someone prepared Schedule 1, some lawyers  
10 did, and presented it to you and your colleagues?

11 A. We told them to prepare the way we want  
12 them.

13 Q. Look at Schedule 2, if you would.

14 Schedule 2 is entitled, Bard Employees  
15 Testifying Regarding the Use of SIR Article Quality  
16 Improvement Guidelines, correct?

17 A. That is correct. That's what it says.

18 Q. And it has quotations from various  
19 depositions of Bard employees, correct?

20 A. That is correct.

21 Q. And was this also prepared by a law firm?

22 A. Yes. And we did read -- we did look into  
23 all those documents, and I have actually physically  
24 viewed all the depositions of employees, which were  
25 provided to me. And I did those things. And these

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1 were just a list of many things that we told them to  
2 prepare, so --

3 Q. So you have read each of these depositions  
4 in their entirety?

5 MR. JOHNSON: Form.

6 A. Some in entirety. For example, Grassi, I  
7 read whole thing. Some not entire. Some I did not  
8 read, but some I listened into it. For example, many  
9 of the employees had a video deposition. So instead  
10 of reading the text, I actually listened into them.  
11 But everything that is written here is -- I have  
12 looked into those documents.

13 Q. Then there appear to be two different  
14 Schedule 5's. I think that Schedule 3 --

15 A. That was a mistake.

16 Q. -- was mistakenly listed as Schedule 5.

17 A. Yeah, that is true.

18 Q. And the first Schedule 5 is entitled,  
19 Supporting Testimony From Bard Employees on the  
20 Importance of Providing Pertinent Information to  
21 Physicians For Making a Risk/Benefit Determination,  
22 correct?

23 A. You mean this (indicating)?

24 Q. No. That's the other, the second Schedule  
25 5.

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1 MR. JOHNSON: The first Schedule 5,  
2 which should be Schedule 3.

3 A. Where it says, yeah, something. Let me see.

4 MR. JOHNSON: They're upside down.

5 THE WITNESS: Yeah, that was confusing.

6 MR. JOHNSON: Yeah.

7 BY MR. NORTH:

8 Q. Okay. That's the first Schedule 5 which, in  
9 reality, I believe, was intended to be Schedule 3.

10 A. I believe so.

11 Q. Is entitled, Supporting Testimony from Bard  
12 Employees on the Importance of Providing Pertinent  
13 Information to Physicians For Making a Risk/Benefit  
14 Determination, correct?

15 A. Yes, it says that.

16 Q. And this, again, was prepared by attorneys,  
17 correct?

18 A. That is correct.

19 Q. Did you personally review each and every  
20 deposition listed there?

21 A. I reviewed the deposition of Natalie Wong  
22 completely, and I also reconfirmed many of the things  
23 combined in the portions of --

24 THE REPORTER: What, Doctor?

25 A. I have read Natalie Wong's deposition. And

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1 some of them are in video format. I listened to all  
2 of them. Some which are not in the video format and  
3 some I have not completely read, I have -- each  
4 paragraph I have to look at the deposition to make  
5 sure that actually that's what it says.

6 MR. JOHNSON: Slow down a little bit.

7 THE WITNESS: I'm sorry.

8 Q. So, if a deposition was available by  
9 videotape --

10 A. Uh-huh.

11 Q. -- you would listen to the videotape instead  
12 of reading the transcript?

13 A. Yeah.

14 Q. Okay.

15 A. Why not? That way I can --

16 Q. Let's look at Schedule 4.

17 I get to ask the questions, not you.

18 (Laughter.)

19 Q. Schedule 4.

20 A. I'm sorry. I didn't mean to --

21 MR. JOHNSON: But you can ask for  
22 clarification.

23 A. Yeah, I didn't mean to say that. I'm a good  
24 guy.

25 Q. Schedule 4, Involvement With IVC Filters?

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1           A.     That is correct. And these are the things  
2     we reviewed, everything.

3           Q.     So you reviewed each of these documents  
4     listed?

5           A.     Uh-huh.

6           Q.     I'm sorry, you've got to answer --

7           A.     Yes.

8           Q.     -- yes or no.

9           A.     Sorry. Yes.

10          Q.     But you did not make the choice of which  
11     documents would be included in this schedule, did you?

12                   MR. JOHNSON: Form.

13          A.     What were provided to us, many of them we  
14     reviewed. Actually, most of them we reviewed. And  
15     whatever we felt pertinent, we told them, Please look.  
16     This is what it is, this is what it is.

17                   Obviously there are more than what I'm  
18     exposed to. There are other things which I don't  
19     know, I don't know. Whatever were given to me, I have  
20     looked at them. And then that's what the  
21     documentation says. I cannot tell things that I'm not  
22     given to.

23          Q.     And I guess that's my point. You were not  
24     given all of the documents produced in this  
25     litigation, were you?

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1 promise him that they would do a longitudinal study  
2 before releasing that device into market.

3 So my assumption was that they should  
4 have done it. And they didn't do it, according to  
5 what I know now. And when they -- when they knew some  
6 problem existed and we are telling them the problem is  
7 still present, a reasonable physician, reasonable  
8 person, ethical person would do -- let us go and fix  
9 it. Let us go and find the problem. Let us do  
10 something to fix what is happening there. And that  
11 was not present anywhere.

12 It was more of, If I -- if I do the  
13 study, I may fail or I may lose. They're looking at  
14 what is lost to the company rather than the patient's  
15 safety that is of paramount importance to us.

16 So as a company, as an individual  
17 working for a company, the person who wrote this email  
18 didn't express any concern for the patients who are  
19 suffering because of the device they manufactured.

20 So that bothers me. It doesn't bother  
21 you? Somebody having a -- somebody tell me, I don't  
22 really care what happens to you. You already got the  
23 filter. So that really bothered me. We are not  
24 caring for patients there.

25 Patients are the essence, and as human